

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

Allen Stewart,
Director of Greil Hospital
2140 Upper Wetumpka Rd.
Montgomery, AL 36107

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Linda Moss
Linda Moss

☐ Agent☐ Addressee

B. Delivery by (Printed Name)

C. Date of Delivery

Is your address different from item 1? ☐ YesEnter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

Form 3834, February 2004

7005 1820 0000 3461 3837

Domestic Return Receipt

102595-02-M-1540